PTO/SB/81 (01-06)

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

10/578,054	
ventor Smider, Vaughn V.	
NON-FLUORESCENT, NON- ENZYMATIC, CHEMILUMINESCENT AQUEOUS ASSAY	
021216-000610US	

I hereby revoke all previous powers of attorney given in the above-identified application.						
! hereby appoint:						
XXPractitioners associated with the Customer Number:		20350				
OR						
Practitioner(s) nam	ned below:					
	Name	Registration Num	nber			
as my/our attorney(s) o	or agent(s) to prosecute the application identinected therewith.	fied above, and to transact all business in	the United States Patent and			
	hange the correspondence address for the a associated with the above-mentioned Custo					
OR						
The address OR	associated with Customer Number:					
Firm or Individual Nam	ne					
Address						
City		State	Zip			
Country						
Telephone		Email				
I am the: XX Applicant/Inventor.	of the entire interest. See 37 CFR 3.71.					
Statement unde	er 37 CFR 3.73(b) is enclosed. (Form PTO/S	SB/96 <b>)</b> .				
	SIGNATURE of Applica	ant or Assignee of Record				
Signature	VeryhiSmile	Date 6/26/0	) <del>1</del>			
Name	VAVGHN SMIDER	Telephone 858-539	7-9069			
Title and Company		1 050-53	(- (00)			
NOTE: Signatures of all the signature is required, see be	inventors or assignees of record of the entire interestion.	st or their representative(s) are required. Submit	multiple forms if more than one			
*Total of forms are submitted.						

PTO/SB/81 (01-08)

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	10/578,054
Filing Date	
First Named Inventor	Smider, Vaughn V.
Title	NON-FLUORESCENT, NON- ENZYMATIC, CHEMILUMINESCENT AQUEOUS ASSAY
Art Unit	
Examiner Name	
Attorney Docket Number	021216-000610US

I hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoint:	-				
XX Practitioners associa	actitioners associated with the Customer Number: 20350				
OR	L		:		
Practitioner(s) name	d below:				
	Name		egistration Number		
_					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
	ange the correspondence address for t	he above-identified application	on to:		
XX The address of	associated with the above-mentioned Co	ustomer Number.			
OR	Γ		· ·		
The address a	associated with Customer Number:		·		
OR					
Firm or			•		
Individual Name					
Audio30					
City		State	Zp		
Country					
Telephone		Email			
I am the: XX Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Signature	W. Horat		Date 6/26/07		
Name	William Heriot		Telephone 415 884 0221		
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
*Total of	*Total offorms are submitted.				

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